किया जा रहा है। आदिवासी क्षेत्रों में छिड़काव कार्य तेज कर दिया गया है और राज्य सरकारों को उनके अनुरोध पर अतिरिक्त मात्रा में कीटनाशक दवायें सप्लाई की जा रही है।

—देश के सभी मलेरिया ग्रस्त क्षेत्रों में नियमित रूप से पाक्षिक निगरानी रखने के लिए जोर दिया गया है।

—रक्तलेपों की तत्काल जांच करने और बिना किसी विलम्ब के मूल उपचार प्रदान करने के लिए प्राथमिक स्वास्थ्य केन्द्रों पर प्रयोगशाला सेवाओं का विकेन्द्रीकरण कर दिया गया है।

—ज्वर के रोगियों को मलेरिया रोधी औषधें उपलब्ध करने के लिए देश के दूरस्थ क्षेत्रों में औषध वितरण केन्द्र और ज्वर उपचार डिपो कार्य कर रहे है।

—पी० फाल्सीपेरम प्रजाति पर काबू पाने के लिए देश के समस्या ग्रस्त क्षेत्रों में एक पी० फाल्सीपेरम नियंत्रण कार्यक्रम चल रहा है।

Workshop on School Health Education Programme

@2105. SHRI MUKHTIAR SINGH MALIK: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether a four day workshop to develop strategy for the implementation of intensive School Health Education Programme was held at Suraj Kund during the 2nd week of February, 1989;

(b) if so, what are the details of persons who participated in the workshop; and

(c) whether any recommendations were made to Government; if so, what is Government's reaction thereto?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (KUMARI SAROJ KHAPARDE): (a) Yes.

(b) The Representatives from Department of Education, Youth Affairs and Sports, NSS Officers of Delhi University Programme Coordinators of Universities, NCERT, Health Education Officers from 10 selected States, UNICEF and Ministry of Health participated in the workshop.

(c) The Workshop has made recommendations regarding strategy for implementation of Intensive School Health Project for the benefit of Students in the country. The Government will support the project.

Introduction of Health Education Programmes in schools

†2106. SRHI HARVENDRA SINGH HANSPAL: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government propose to introduce health education programmes in schools in the country;

(b) if so, what are the salient features of the proposed programmes; and

(c) what measures are likely to be adopted to implement the programmes effectively throughout the country?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (KUMARI SAROJ KHAPARDE): (a) The school health education has been included in the National Curriculum for Elementary and Secondary Education—A Framework (1988) prepared by the

@ Previously Unstarrted Question 1489 transferred from the 8th March, 1989.

†Previously Unstarred Question 1504 transferred from the 8th March, 1989.

National Council of Educational Research & Training (NCERT) under National Policy on Education (NPE) 1986 as Health & Physical Education under Core Curriculum, an area of study by all boys & girls from Classes I to X. Guidelines and syllabi for upper primary classes and secondary classes have already been developed. Health Education for School-age Children—A Framework (1988) has been developed jointly by the NCERT and the Central Health Education Bureau and is being circulated to concerned health and education agencies for a well coordinated cooperative action at all levels.

(b) (i) Health and Physical Education as part of National Curriculum from Classes I to X has been allocated following time for its transaction:

— Primary stage—10% of the —curricular time (Classes I-V)

—Upper Primary—10% of the curricular time stage (Classes VI-VIII)

—Secondary Stage—9% of the curricuar time. (classes IX-X)

(ii) Health education is to be organised under following broad illustrative areas:—

(a) Personal health (including rest, sleep, exercise, postures etc.);

(b) Environmental/Community health;

(c) Nutritional health;

(d) Mental health;

(e) Growth and development;

(f) Prevention and control of diseases and disorders;

(g) Safety, first-aid, home. nursing;

(h) Family life and reproductive health;

(i) Contemporary health problems; smaking and chewing of tobacco. drug abuse, alcoholism and special problems of the community;

(j) Consumer education;

(k) Health education—Planning and implementation.

(iii) Time to be allocated to 'Health Education' will be 50% of the time allocated to Health and Physical Education in the National Curriculum (NCERT).

(iv) Health and education sectors at all levels will effectively collaborate and coordinate efforts for achieving the objectives of health education, in such areas as;

(a) curriculum panning/revision/ transaction;

(b) preparation of instructional materials;

(c) preparation of personnel through pre-service and inservice trg;

(d) improvement of school environment in terms of basic facilities required for developing healthy living in schools;

(e) health appraisal, referral and follow-up;

(f) elisting community participation in school health programmes and participation of students in community based health programmes;

(g) monitoring and evaluation.

(v) Coordination Committees will be established at all levels to ensure partnership of health education and other allied sections to pool and share resources for various responibilities listed under.

(vi) for effective transaction, monitoring and evaluation of the programme.

(c) (i) The Central Health Education Bureau and the NCERT are collaborating at the National level in

such fields as (i) preparation of guidelines and syllabi for all classes.

(ii) preparation of materials; and

(iii) workshops, conference seminar etc. for improving performance of the programme.

(2) Health education for school age children—A Framework developed jointly by the NCERT and the CHEB is being circulated to health and education institution for effective collaboration as suggested in the document.

(3) Planning Commission has constituted Working Groups for 8th Five Year Plan (a) Health Education/IEC and (b) Child Survival programmes for formulation of recommendations for strengthening infrastructure under health set up for providing effective collaboration/consultation to education authorities with regard to activities to be undertaken for transaction, monitoring and evaluate of health education for school-age children.

Amount sanctioned for development of States

£2107. SHRI MUKHTIAR SINGH MALIK: Will the Minister of PLANNING be pleased to state:

(a) what is the estimated amount sanctioned/provided by the Central Government to each State Government for the development of States;

(b) whether the money has been properly utilised for which it was sanctioned;

(c) if not, what are the reasons therefor; and

(d) whether Government have appointed a committee to check its misuse and if not, what are the reasons threfor?

£Previously Unstarred Question 1009, transferred from the 2nd March, 1989.

THE MINISTER OF PLANNING AND THE MINISTER OF PROGRAMME IMPLEMENTATION (SHRI MADHAVSINH SOLANKI): (a) and (b) Statewise funds released by the Central Government and utilised both in respect of State Plans and Special Area Programmes are indicated in the Annexxure [*See* Appendix CXLIX, Annexure No. 119.] Though, in absolute terms all States have reported expenditure equal to or more than the central assistance released, in some cases the approved Plan outlay could not be reached. As for the Special Area Programmes, there have been unspent balances in particular years but considering that these funds were meant for tackling special problems, States have been urged to utilise the unspent balances within the Plan period.

(c) and (d) Do not arsie.

Indian Forces in Sri Lanka

@2108. SHRIMATI RENUKA CHOWDHURY:
SHRI T. R. BALU:

Will the Minister of DEFENCE be pleased to state:

(a) what was the total strength of Indian armed forces which were sent to Sri Lanka;

(b) what is the number of them which have returned to India; and

(c) what is the present strength of armed forces in Sri Lanka?

THE MINISTER OF DEFENCE (SHRI K. C. PANT): (a) to (c) The total strength of the IPKF in Sri Lanka has varied from time to time. Certain elements of the IPKF not operationally required in Sri

@Previously Unstarred Question 1554, transferred from the 8th March, 1989.